SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

**Bayfield County** Planning and Zoning Depart.

PO Box 58 Washburn, WI 54891 (715) 373-6138

## APPLICATION FOR PERMIT **BAYFIELD COUNTY, WISCONSIN**



Bayfield Co. Zoning Dept.



Permit #: Amount Paid: Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.

Checks are made paya					TO APPL	ICANT.	los- A	FILL OUT	IN INK (NC	PENCIL)					
TYPE OF PERMIT RE			☐ LAND		NITARY		CONDITIONAL	USE SPECIAL	USE 🗆 B.	O.A. 🗆 (	OTHER				
wner's Name:	-QUESTE					g Address:		State/Zip:		Telephor	TO BOTH OF THE PARTY OF THE PAR				
ddress of Property:	Mill	cr	Jean Menn	n Duon- Viller	1	180 Kelly tate/Zip:	Rol Ma	Cell Phone: (75)							
Same ontractor:					Contra	actor Phone:	Plumber:	Plumber Phone:							
uthorized Agent: (P	erson Signi	ng Applica	tion on behalf	of Owner(s))	Agent	Phone:	Agent Mailing Add	iress (include City/State	POP): RIVEY	Written	Authorization				
( ) -	8 1			(m)	QIT		193 Tau	take Odis	IS4847 Attached □ Yes ¥ No						
PROJECT LOCATION											owing Ownership)				
NW 1/4, S	W_ 1/	/4	Gov't Lot	Lot(s)	CSM	Vol & Page CS	VI Doc# Lot(s	) No. Block(s) No.	Subdivision	•					
Section 14	, Town	ship 4	6_ N, Ra	inge 5	w	Town of:	114		Lot Size	ige /O					
				300 feet of Riv f Floodplain?		am (incl. Intermittent)	Distance Stru	cture is from Shorelin	131	Property in dplain Zone?	Are Wetlands Present?				
☐ Shoreland →				1000 feet of L	ake, Por		Distance Stru	cture is from Shorelin	e: Yes		☐ Yes ➤ No				
Non-Shoreland									-						
Value at Time							# of	14/1	nat Type of	Type o					
of Completion		Projec		# of Stories		Foundation	bedrooms		Sanitary Sys	tem	Water				
* include donated time & material		Projec				Toundation	in structure	ls on		on propert					
	New	v Consti	ruction	X 1-Story		★ Basement	□ 1	☐ Municipal/City			☐ City				
¢ la /	_ Add	lition/A	Iteration	☐ 1-Story + Loft		☐ Foundation	× 2		☐ (New) Sanitary Specify Type:						
115,000	☐ Con	version		☐ 2-Story			_ 3	Sanitary (Exists  Privy (Pit) or			lan\				
		elocate (existing bldg)				Use	□ None	vice contract		<u>ion)</u>					
		a Busir perty	iess on			¥ Year Round		☐ Compost Toile							
		Jerty						(							
								Width:		Height:					
<b>Existing Structur</b>		rmit beir	ig applied fo	r is relevant to	it)	Length:	11		10						
Proposed Constr	uction:		Anna Aria			Length: 4	7	Width: 24		Height:	10				
Proposed Us	se	1				Proposed Struct	ure	Dimer	Square Footage						
						cture on property	/)		( X )		1. 11				
		×	Residenc	e (i.e. cabin, l	nunting	shack, etc.)			9	241	1,056				
¥				with Loft				( )		3					
Residential	Use			with a Por				( )							
				with (2 <sup>nd</sup> )					(20)	400					
٠.				with (2 <sup>nd</sup> )				( )		100					
Commercia	al Use			with Attac		arage		,	( ' ')						
•			Bunkhor		1.000.000.000.000.000.000.000.000.000.0		rs, or $\square$ cooking	& food prep facilities)	( )	( )					
				107 10		late)			( )	( )					
						)			( )	( )					
☐ Municipal !	Use			y Building	( )	к )									
				ry Building Ac	( )	к )									
						. 0		A-1	1	x )	v				
	Special Use: (explain) Class A Residence in Hg-1								,	x )					
				nal Use: (expl	ain)				,	x )	,				
			Other: (e						,	, ,					
t i t t t	ne detail and nty relying o	l accuracy on this infor	any accompanyi of all information mation I (we) a	ng information) has n I (we) am (are) pro m (are) providing in	been exam	nined by me (us) and to the	e best of my (our) kno- by Bayfield County in ent to county officials o	MIT WILL RESULT IN PENAI wledge and belief it is true, co determining whether to issue harged with administering cou	rrect and complet a permit. I (we) fo	urtner accept liai	onity which may be a				

ers listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application) Owner(s) (If there are Multiple

Date 6-24-2019

Authorized Agent:

<u>Attach</u>

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application) nit 61280 Kelly RJ, Mason, WI 54856

Copy of Tax Statement

Date \_

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE v or Sketch your Property (regardless of what you are applying for) Fill Out in Ink - NO PENCIL Show Location of: Proposed Construction Show / Indicate: North (N) on Plot Plan Show Location of (\*): (3) (\*) **Driveway** and (\*) **Frontage Road** (Name Frontage Road) Show: (4)All Existing Structures on your Property (5)Show: (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P) (6)Show any (\*): (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond (7)Show any (\*): (\*) Wetlands; or (\*) Slopes over 20% See attachment

### Please complete (1) – (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement			Description	Measureme	ent
KellyRd					A	
Setback from the Centerline of Platted Road	3,50+	Feet		Setback from the Lake (ordinary high-water mark)	NH.	Feet
Setback from the Established Right-of-Way	320+	Setback from the River, Stream, Creek				Fee
	- ·			Setback from the Bank or Bluff	NA	Fee
Setback from the North Lot Line	345	Feet				
Setback from the <b>South</b> Lot Line	2.70	Feet	Fig	Setback from Wetland	AIA	Fee
Setback from the West Lot Line Town Rd	NA	Feet		20% Slope Area on the property	□ Yes 🗶	No
Setback from the <b>East</b> Lot Line	260	Feet		Elevation of <b>Floodplain</b>	MA	Fee
	0.0				, , , ,	
Setback to Septic Tank or Holding Tank	TR.O	Feet		Setback to Well	25+	Fee
Setback to <b>Drain Field</b>	NA	Feet			23	
Setback to <b>Privy</b> (Portable, Composting)	NA	Feet				
Prior to the placement or construction of a structure within ten (10) feet	of the minimum required	d setback, t	he bo	oundary line from which the setback must be measured must be visible from or	ne previously surveyed co	rner to th

other previously surveyed corner or marked by a licensed surveyor at the owner's expense,

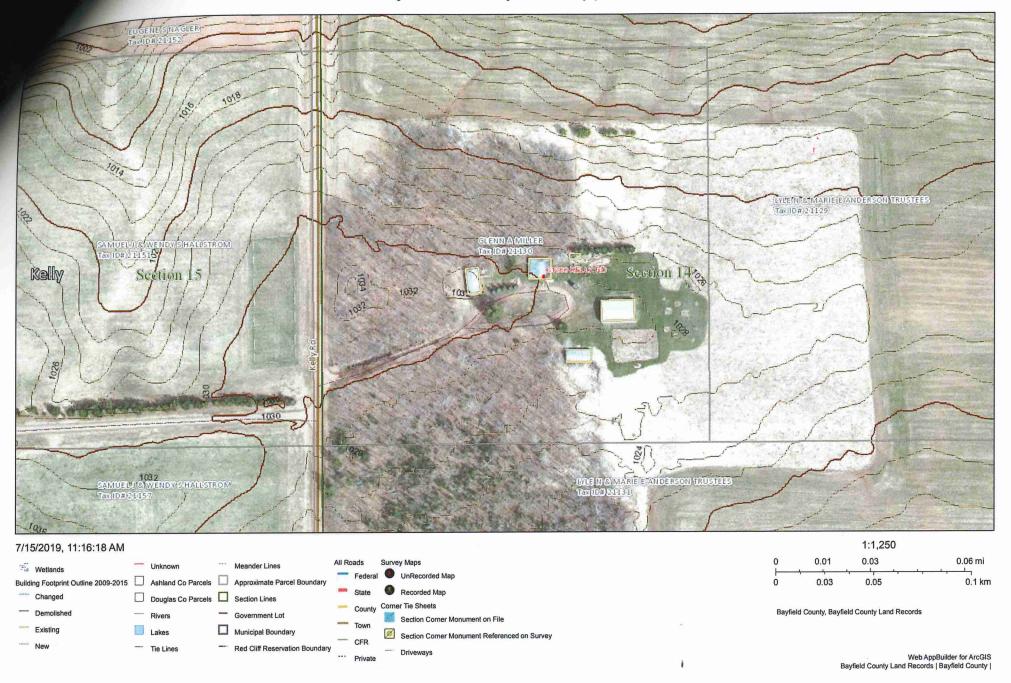
Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code. The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)	Sanitary Number: 14	9779	# of bedrooms:	Sanitary Date: 1/21/90					
Permit Denied (Date):	Reason for Denial:								
Permit #: 19-0290	Permit Date: 8-26-19								
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming    Yes (Deed of Recor   Yes (Fused/Contigue)   Yes   Yes	ous Lot(s)) 🗷 No	Mitigation Required Mitigation Attached	☐ Yes ☐ No ☐ Yes ☐ No	Affidavit Required   Yes No Affidavit Attached   Yes No					
Granted by Variance (B.O.A.)  ☐ Yes   No Case #:		Previously Granted by Variance (B.O.A.)  ☐ Yes ☑ No Case #:							
		Were Property Line	es Represented by Owner Was Property Surveyed	✓ Yes         □ No           □ Yes         □ No					
Inspection Record:		1		Zoning District (A-1) Lakes Classification (NA)					
Date of Inspection: 7/15/19	Inspected by:	7/		Date of Re-Inspection:					
Condition(s): Town, Committee or Board Conditions Atta	Condition: A UE contracted UDC in obtained prior to	No they need to be attached to be at	locally ust be ction if	Date of Approval: 8/26/14					
Hold For Sanitary:  Hold For TBA:  Hold For TBA:	ноіа ғог Атті	Javit: 🗆	Hold For Fees:	old For Fees:					

# Bayfield County Web AppBuilder



City, Village, State or Federal May Also Be Required

SANITARY - Reconnect (149779)
SIGN SPECIAL - Class A
CONDITIONAL -

BOA -

# BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No.	19-0	290		ls	ssue	d To: Gle	To: Glenn Miller / Mike Furtak, Agent								
SW 1/4 of th Location:		1/4	of	sw	1/4	Section	14	Township	46	N.	Range	5	W.	Town of	Kelly
Gov't Lot				_ot		Blo	ck	Subdivision							

For: Residential Use: [ 1- Story; Residence (44' x 24') = 1,056 sq. ft.; Deck (20' x 20') = 400 sq. ft.; ]
Total Overall = 1,456 sq. ft.

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): A UDC permit from the locally contracted UDC inspection agency must be obtained prior to the start of construction If required. Must meet and maintain setbacks.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

# Tracy Pooler

**Authorized Issuing Official** 

August 26, 2019

Date